

CLAIMS ONLY

Application Number:

10/625, 5/0

" Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 4/10/06 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|---------------------|---------|-----------------------|---------|------------------------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | 2 | | | | | |
| Total Depend. | 18 | | | | | |
| Total Claims | 20 | | | | | |

* May be used for additional claims or amendments

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| | Indep. | Depend. | Indep. | Depend. | Indep. |
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